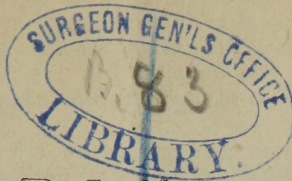


LAMBERT (J.)

Compliments of the Author.



Notes on the Relations of Uterine Disease to Insanity,

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Medicine, I need not say to you, Gentlemen, is becoming daily a more complex science, though to the educated and industrious physician, it is not necessarily less, but more exact; and especially is this true of psychological medicine, to which department modern research has added much invaluable information.

The exigency is upon us to redeem our profession, before the Courts and at the bar of public opinion, from the imputation of gross ignorance regarding the whole subject of mental aberration.

It is a notorious fact that expert medical testimony, on the matter of insanity, is at discount in the presence of judge and jury; and the literature of Alienists abounds in illustrations of the stupidity of the average practitioner in the preparation of *insane certificates*. We must bring to this, as to every special department, a thorough knowledge of our entire science, in order successfully to understand and make it practically available.

All this carping declamation within the profession, or by the laity, against specialties or specialists is simply puerile; for they most legitimately spring from, and contribute very largely to the advancement of, our noble profession. Specialties and specialists in medicine are by no means phenomenal—as every one of intelligence very well knows.

Every intelligent physician is aware how much has been done during the last few years towards elucidating the relations existing between physical disease and mental alienation.

While it is evident to my mind that materialistic views have been pushed too far by some psychologists, it is doubtless true that modern psychological pathologists have brought to light correlative facts of prime importance, and that more rational views of practice are being disseminated.

Perhaps in no direction has there been more positive advancement made, than in establishing with greater accuracy the relations which exist between uterine and mental disease by the gynæcologists of the present day.

Gynæcological psychiatry, however, is still in its infancy, and the field is intrinsically difficult of cultivation; from the fact that there are so many unsettled physiological, pathological, and histological questions bearing upon it; from the fact that so few private gynæcologists have published the results of their labors and experience; and from the fact that there is almost a total want of wisely tabulated cases from the asylums, where insane females are incarcerated.

In this paper, I propose gathering up my own scattered notes on the subject under consideration, which is of such vital importance to so many households in every community; trusting, gentlemen, that you may find them not altogether wanting in interest.

"*Propter uterum est mulier*" is an aphorism almost justified by the close sympathy which exists between the functions of the uterus and the psychological, physiological, and pathological condition of woman.

In examining the relations of women to mental aberration, we notice that she is subject to the same congenital or hereditary and predisposing causes, in general, as are operative in the male sex; and in addition, she is exposed to "*causæ proximæ et causæ occasionales*" peculiar to her own sex, social condition, and conjugal relations.

In her case, insanity being more frequently dependent upon uterine derangements; while in man, mental alienation is oftener centric and cerebral in its origin.

We may notice, in this connection, that a predisposition to insanity does not necessarily become a developed disease; the exciting causes may not be sufficiently potent to induce it, and an intelligent apprehension of the facts of the case, with appropriate treatment, often does, and should more frequently than now, save many a beautiful life from such a sad blight.

Fully to appreciate the influence of exciting causes in the production of insanity in woman, one must have opportunities, and improve them, to study, without prejudice or sentimentality, how susceptible she is to those impressions to which she is incident during the various phases of her uterine history, i. e., from the time her whole being undergoes those characteristic changes, which occur at puberty, until the climacteric is well passed.

As has been indicated, prominent among the fruitful causes of insanity in woman, are functional disorders and diseases of the uterine organs.

These may act, either by developing an hereditary tendency, or by establishing a predisposition; and then becoming an exciting cause, in connection with others, to which she is subject in common with the male sex.

It is a matter of prime practical importance to establish, so far as is possible, the complex etiological relations between the local affection and the mental condition; for upon our wisdom in this regard will depend, in large measure, the success of our endeavors to arrest the onward progress of mental disturbance and restore lost reason. Difficult as the problem may be in some cases, one successful result will richly repay us for much unavailing toil; and we shall thus be stimulated and the better qualified to grasp the cardinal points of still other cases.

Though I am far from affirming how frequently mental alienation is induced by these causes, I do emphasize my opinion, formed from an experience and observation of more than twenty-five years, that they do produce insanity much more frequently than is generally acknowledged by the profession.

A woman presenting marked symptoms during menstruation, also presents a case calling for careful gynæcological investigation.

It is often difficult to differentiate between "physiological exaltations" and "pathological depressions," which occur in so many menstruations.

In a state of perfect health, these should be wanting, and they are alike, not unfrequently, indices of incipient disease and oncoming mental disturbance.

Insanity is developed in connection with a variety of uterine conditions; but the limits of this paper does not permit an analysis. I only call attention to the importance of the subject, and bring to your notice several illustrative cases from my own practice.

I shall select such cases as I deem to be of special interest, and which I am at liberty to publish; professional propriety forbidding my noticing other cases of equal significance.

In September 1851, as I was just entering upon my profession, and at a time when modern gynæcology, as a specialty, was in its infancy, a filial duty devolved upon me to call an ex-parte ecclesiastical council, which was composed of some of the most eminent divines of my native state, Maine, to review the action of a certain church, 11 years previous, in exscinding from its fellowship a female member of the church for alleged offences.

There were on behalf of the prosecution, as witnesses, a judge of the Supreme Court, a judge of Probate, a prominent lawyer, and two distinguished physicians.

In appeared on trial that, *subsequently to church membership*, she had suffered from puerperal mania at the birth of an only child; that she developed a permanent monomania, which did not affect her conduct, irrespective of the subject of her mental aberration; that just prior to, during, and immediately following the menses, she suffered such an exacerbation of the insane idea as to involve the operations of all her mental faculties, during which seasons she committed the reported immoralities.

It also appeared that at such times she suffered from severe local, pelvic, pains, tenderness, etc.; supposed by the attending physician to indicate a "periodical inflammation of the bowels," for which she received for years an almost monthly dose of calomel and jalap!

It was shown that she had conceived the notion that she was to be married to a U. S. Senator, a gentleman whose wife was then living; and that to carry out this idea, she frequently and surreptitiously obtained money from her husband's secretary, with which she purchased her trousseau.

It was also shown that after this gentleman's death, she transferred the same idea to a prominent lawyer whose wife was then living.

The ground was contested inch by inch by the committee of the church, the chairman of which had been the attending physician.

After an exhaustive hearing of the case, the Council unanimously declared the monomania proven, and took such action as resulted in the restoration of the patient to church membership; and thus established a precedent, "that insanity constitutes no ground for excluding from the church of Christ one, against whom no other offence is charged."

The fact of very extensive uterine disease, and metamorphosis of tissues having been present in this case, was subsequently fully and unquestionably established, while she was an inmate of an insane asylum, for nearly two years, during the critical period.

Such were the peculiarities of the case, and so lady-like was the patient during the first months of her residence at the asylum, that the superintendent questioned the fact of her insanity; but once the abnormal line crossed, she lost self-control, and "became one of the most troublesome of our patients, and it was manifest to us all that no private family could endure the perpetual annoyance of her fanciful conduct."

She is now nearly 70 years of age, an almost helpless paralytic, suffering from the progressive locomotor ataxie of the insane ; and yet she dreams perpetually of matrimony with a married gentleman, as in years gone by; of a fine mansion and splendid equipage, etc., etc.; the mental aberration being directly traceable to uterine disease. I learned that her mother was, to some extent, a sufferer in the same way and from the same cause.

In the fall of 1853, while spending a few weeks at a rural hotel, a gentleman called upon me and represented that himself and family were in serious trouble, on account of his wife's condition.

She was aged 46 years ; said to have been cultivated, and pre-eminently amiable in youth and during the earlier years of married life ; the mother of one son and three daughters.

She came to suffer from profuse and painful menorrhagia, a "suspicious" vaginal discharge, and other local symptoms of a distressing character.

She became totally changed in all her characteristics. The family was several times broken up by her strange and ferocious conduct ; and such were the manifestations in her case, as to induce the belief, on the part of the church, of which she was a member, that she was a veritable demoness, in which opinion her pastor and physician concurred, and she was accordingly *excommunicated*.

She was lying in a low and suffering condition at her home, husband and children caring for her more from pity than love ; her situation, physically and socially, being most deplorable, though possessed of reason at this time.

After a careful investigation of the history and symptoms of the case, I gave an opinion that she was suffering from a tumor of some kind, or cancer of the uterine organs, and proposed a speculum examination, which was stoutly resisted by her physician, on the score of indelicacy !

I proceeded to find that the entire uterus was involved in cancerous disease ; that the cervix had been completely amputated ; and that there was extensive infiltration into the surrounding tissues.

The "suspicious" character of her disease was thus disposed of in a few minutes; and also a true explanation of her conduct was found in the evidences of insanity produced by the local disease.

She soon died peacefully, in the bosom of a restored and loving family. It was painful to witness the posthumous charity of those, who had so severely misjudged this sorely afflicted lady.

The outpoured gratitude of that family has been to me a perpetual benediction.

In the spring of 1854, I was consulted by the Principal of a high school, who was at that time seeking a divorce from his wife, on the ground of her grossly indecent conduct with the males of his school. I learned from him that they were childless ; that for years she had suffered excessively from an irritating vaginal discharge, and hyperæsthesia of the uterine organs. Prior to this she was intellectual and amiable ; but after the appearance of these symptoms her mental faculties were greatly impaired, and she had become disgustingly sensuous.

I expressed to him my firm conviction that she was a martyr to uterine disease and nymphomania.

In this view he came fully to concur, and he was extremely anxious that it should be confirmed, and that she should, if possible, be cured ; but he found that the matter had gone so far, and was so complicated legally, that he felt unequal to the humiliation and sacrifice involved in such a course. Their unhappy separation was doubly sad to him, in view of the *probabilities* of her condition coming to his knowledge at such a late date.

In 1873, I was called to see the wife of Dr. P., of S.; married about 20 years; childless.

I found her suffering from an attack of acute mania, and requiring five or six able-bodied attendants. She had not slept for ten days.

The history of the case revealed the fact that, soon after marriage, she developed a jealous monomania at the appearance of the first menses; always loveable and devoted at other times, but inexorable in her insane demands during the prevalence of the menses. The husband, a gentleman of culture and wealth, abandoned his profession, for which he was eminently fitted, and devoted his life to her happiness, traveling extensively in this country and Europe for this purpose. She had passed the menopause, and the monomania had become constantly and permanently entrenched.

After seven hours of quiet sleep had been secured by full doses of morphine, sub cut., I was able to institute a careful examination of the case, and found that the tissues of the uterus had undergone marked changes from long continued inflammation, and she had evidently suffered from extensive peri-uterine cellulitis.

This lady soon perished from embolism, and it was a matter of no small consolation to the husband and other friends, to be enabled to review the case in the light of the demonstrated uterine pathology.

In 1863, I was called to see Mrs. — of — in consultation with the family physician; aged 42 years; three children; wealthy; refined; a most exemplary christian lady; very happy in her domestic and social relations; had enjoyed general good health. A few months previous, she had experienced a sensation of "weight and bearing down" in the pelvic region; and seven weeks prior to my seeing her, she sustained great fatigue and mental strain, in superintending a church fair during the prevalence of the menses. She became exceedingly depressed; was sleepless and soon sank into a condition of profound religious melancholia, from which it was impossible to arouse her. At times she became greatly excited and restless, "flying through the house" 20 miles a day, as estimated on one occasion. She had been "unwell" three times during this period, and had slept only when under the influence of morphia, sub cut.

I found retroversion, prolapsion, engorgement and cervicle and corporeal endometritis.

Reposition and properly applied pessaries, with appropriate local treatment, gave immediate relief, she sleeping with almost no medication from the time I took charge of the case.

Very little general treatment was necessary; the case progressed to a **satisfactory** conclusion; and this lady still lives to grace her beautiful home, and discharge with pleasure the varied duties of her social and religious life.

I was sustained and encouraged in my views of this case by the eminent Dr. Sabine of New York, and the Superintendent of the Hartford Retreat.

In 1873, Mrs. — of —, an accomplished writer for the magazines, and an authoress; of fine physique and strong consitutional powers, consulted me, and placed herself under my care. Aged 39, married; three children; very happy in her relations in life. She had suffered for several years from uterine symptoms, and for two years her physical and mental capacities had been giving way. She was unable to do literary work, and her life was rapidly becoming a burden to herself; to such an extent was this true, that she at times feared self-destruction. The case proved to be one of ante-version, stricture and membranous dysmenorrhœa.

After a severe contest with exceedingly tenacious difficulties in this case, I had the satisfaction of witnessing a marked improvement of all the symptoms, and the normal mental condition was restored. Subsequently to recovery, she wrote me as follows, i. e., "You gave me back my reason, which more than tottered; you gave me back some pleasure and some use in life; you gave me back to myself."

During the same year, I took professional charge of Mrs. — of G—. She had suffered, as was supposed, from cerebro-spinal meningitis five months previously, some of the apparent sequences of this disease being still present. There was a want of co-ordination of muscular action, a decided loss of memory and cohesion of thought. At times she lost her identity while attempting to cross the room, and would stand for some time unable to recover herself. Her friends feared softening of the brain. After a careful and exhaustive analysis of this case, I excluded organic brain or spinal lesion, and Bright's disease. I found that immediately prior to her "cerebro-spinal meningitis," she had suffered from all the severer symptoms of uterine displacement, and that these symptoms still continued in a modified form.

An examination discovered that the uterus was retroverted and wedged down upon the floor of the pelvis by the superincumbent viscera, the pelvis being narrow and well filled with firm unyielding tissues. The uterus was free from all appreciable disease. Reposition—a compound lever hardened rubber pessary—and 11 visits, sufficed to restore this patient to her usual physical and mental health, which she has since maintained.

In 1867, Miss D. of —, placed herself under my care for treatment. The case proved to be one of exceedingly painful and profuse menorrhagia, dependent upon pathological changes, as a result of chronic endometritis.

She naturally possessed strong constitutional powers, and was living under the best possible hygienic and social conditions, and there was no traceable hereditary mental taint.

She sustained these symptoms uncomplainingly for several years; and it was only in view of rapidly advancing symptoms of insanity, of an active type, that she consented to consult me. The treatment was wholly local, and consisted of applications of iodine, nitrate of silver, persulphate of iron, etc. In less than a year her mental difficulty had entirely disappeared.

The same year, I was hastily summoned to see Mrs. —, aged 49 years; five children; no menses for over a year.

She appeared to be in the last stage of labor; the pains were severe and continuous, forcing the cervix external to the vulva. The abdomen was enlarged to full term. She insisted that she had unmistakably felt motion for four months, etc., etc.

She was poor, and seemed distressed, in view of the situation, though indignant at any question as to the fact of her pregnancy.

I found the abdomen tympanitic; the cervix and fundus considerably enlarged and extremely irritable; the external os was patent and easily admitted the index.

There was an absence of foetal, auscultatory and other signs of pregnancy.

After a bi-manual examination and review of the case, I was satisfied that the conception was cerebral reflexly, and not uterine, and I accordingly gave her full doses of morphine, under which she rested quietly for five hours; she instantly and vigorously resumed her labor on awaking.

The late Dr. Charles H. Allen saw the case with me, which he regarded as unique in his own experience ; and concurring with me in the views expressed, bore away, in consequence, his share of the "*odium in longum jacens*."

I applied Tinc. Iodine freely, and ordered unguent, *Belladonnæ* ; administered chloroform, and directed to be sent for in case of interesting developments.

This good woman only yielded the point, after exhausting the patience of her many friends.

I have now under treatment a lady, who very kindly consents to a note of her case.

Married ; aged 37 ; a lady of whom, I must be permitted to say, that she is possessed of fine intellectual capacities and rare moral endowments.

A sufferer from uterine disease for many years. In 1873, she had severe convulsions, in consequence, evidently, of the pain and irritation produced by wearing illy adjusted pessaries.

These were followed by a marked change in her psychological condition. She became profoundly depressed ; did not wish to see her dearest friends ; felt abandoned of God, in any hopeful view ; imagined herself a snake, and wanted to assume its posture and motions.

All these symptoms increased at the approach of the menses, and were noticeably relieved after their presence was fully established.

The symptoms prevailed in full force, until I saw her in the spring of 1874.

I found a retroverted and retort uterus ; a mechanical and actual stricture of the internal os. She was suffering from *disquatus dysmenorrhœa*, and a general derangement of the functions of almost all the leading organs.

Under appropriate treatment, this lady has recovered her normal mental and moral condition, and her physical health is fast being restored.

She would have, otherwise, soon been a total wreck.

In concluding this brief series of cases, I add one, which, though it does not illustrate the psychological aspect of the subject in hand, does show, in a forcible manner, how profoundly the system is impressed, sometimes, by uterine irritation.

In 1864, I was summoned to see the wife of Rev. Mr. C—— of R——.

She was lying in a very low condition ; her demise being hourly expected ; her mortuary garments were being made under her own inspection ; and her relatives from a distance had been summoned to her anticipated burial. She had a severe cough and profuse expectoration ; was greatly emaciated and had hectic. She had taken almost no food for weeks, and was taking teaspoonful doses of laudanum every 4 hours.

Three physicians had pronounced it a case of galloping consumption.

After a very careful examination of the chest, I could find no evidences of tubercular disease, and no cavities in the lungs, only a profuse secretion of mucous.

No menses for five months ; not conscious of motion ; digital and bimanual examination simply established uterine plenitude, and the evidences of pregnancy were positively negative. The abdomen was enormously distended with gas, the borborygmus of which almost precluded successful auscultation.

The question as to her pregnancy was met with derision by her physician. After auscultating carefully and persistently for three quarters of an hour, I was enabled to count distinctly the pulsations of a feeble fetal heart—and, therefore "risk my reputation" on the fact of her pregnancy.

By my urgent advice, every thing was changed—the opium to be withdrawn rapidly—tonics, nourishment, etc., preparations for a birth, instead of a funeral !

Eight months subsequently, a lady, whom I did not recognize, greeted me so cordially, in a public place, as to embarrass me.

It proved to be my patient, in full bloom of health, and the mother of a "fine healthy boy."

In properly estimating the importance of our subject, we must remember how intimate, though mysterious, are the relations which exist between the functions of the nervous system and those of the uterus. We must call to mind how frequently women are subject to metritis, perimetritis, ovarian disease, and a host of uterine pathogenic changes.

Notice the Proteus-like developments of hysteria in women; also the numberless "frames of mind," to which she is irresistably subject, during the vicissitudes of her menstrual life.

Now let there come some over-tax of the physical system, some great strain upon her sympathies, some agony of soul-life, and you have all the conditions of an infraction of mental integrity.

I am not discussing woman's heroism under trials; this is unchallenged, and it is because of this that she does not oftener fall under the power of mental disease.

Everywhere, and especially here, *we must check the beginnings of trouble*, before the fell monster has our patient in his grasp.

We need to bring to the study of each case a review of our knowledge of the anatomy of the brain and nervous system, together with the physiological and pathological relations of these to all the organs, and especially to those of the uterus and its appendages.

You may have, for instance, an hereditary predisposition to insanity, and all the gynæcological conditions necessary to develop it in some cases, but not of sufficient potency in this case; add now, if you please, dyspepsia, and mental integrity is destroyed.

An anal fissure may prove the additional factor in the production of mental disorder, as in an important case in my own practice several years since.

It is an unquestioned fact that not a few cases of insanity are produced by the uterine disorders, and the feeling of moral degradation, consequent upon the criminal induction of abortion.

Doubtless the foundation of mental disease is often laid in early life by the pernicious habits indulged in; and by the erroneous methods of education adopted or permitted by parents and guardians.

Every intelligent physician should exercise a thoughtful and delicate supervision in reference to the young ladies of his families; and he ought to enter his emphatic protest against the flagrant violations of physical and mental health perpetrated in the regime of many of our fashionable young ladies' boarding-schools.

It is a matter of no surprise that so many of the graduates of these institutions utterly fail in mental or physical capacity to fill their appropriate places in society.

The regime to be adopted in the education of young ladies should be such as to insure a sound mind in a sound body.

The vital statistics of the day, and the imperfect records of gynæcological alienists, gentlemen, impress us with the importance of our subject; and as conservators of the public and private weal, we shall fail of our duty to our patients and the community, if we ignore its demands upon our attention, until cases of irretrievable and afflictive mental catastrophe arouse us, at last, to a sense of our unpardonable ignorance.